

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2011	
NAME OF PROVIDER OR SUPPLIER  CHRISTINA HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Investigation of Complaint IN00089778.</p> <p>Complaint IN00089778 Substantiated, state deficiencies related to the allegations are cited at R117.</p> <p>Survey dates: May 16, 17 2011</p> <p>Facility number: 004017 Provider number: 004017 AIM number: N/A</p> <p>Survey team: Rhonda Stout, RN- TC</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Census by payor type: Other: 29 Total: 29</p> <p>Sample: 3</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2-5</p> <p>Quality review completed on May 20, 2011 by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0117	<p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview, the facility failed to ensure at least one staff member in a 24 hour period were certified in CPR and first aid. This had the</p>			R0117	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the</p>		06/01/2011

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	<p>potential to affect all residents who reside in the facility.</p> <p>Findings include:</p> <p>A review of the nursing schedule and employee records from January 16th through January 29th, 2011 indicated the following:</p> <p>There were no nursing staff who were certified in first aid on the 10 p.m. to 6 a.m. shift for January 16th, 20th, 21st, 22nd, 23rd, 25th, 27th, and 29th. (Employee #1 CNA) On January 16th,</p>				<p>facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. <b>Citation #1 R 117 410 IAC 16.2-5-1.4 (b) Personnel</b> What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director and Residence Director were re-educated to our policy and procedure regarding CPR and First Aid certification as well as residential state regulation 410 IAC 16.2-5-1.4 (b) Personnel by the Regional Director of Quality and Care Management. A spreadsheet has been developed and implemented by the Wellness Director of employee expiration dates as to their CPR/ First Aid certification to ensure continued compliance going forward. The Wellness Director and/or Designee will conduct random monthly reviews of spreadsheet</p>		

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	<p>20th, 21st, 22nd, 23rd, 25, 27th, and 29th, for the 10 p.m. to 6 a.m. shift, there was only one person scheduled for that shift and there was no evidence that Employee #1 CNA was first aid certified.</p> <p>A review of the nursing schedule and employee records from January 30th through February 12th, 2011 indicated the following: there were no nursing staff who were certified in first aid on the 2 p.m. to 10 p.m. shift for January 30th,</p>		<p>to ensure one (1) awake staff member is on duty and awake at all times per residential regulation 410 IAC 16.2-5-1.4 (b) Personnel. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will perform a random monthly review of staff CPR and First Aid certification to ensure renewal of certification for a period of three months. Findings will be reviewed after three months to determine frequency for ongoing monitoring by the interdisciplinary team. Findings suggestive of compliance will result in no further need for ongoing monitoring. <b>By what date will the systemic changes be completed?</b> Compliance Date: 6/1/2011</p>		

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	February 5th, and 6th. (Employee #1 CNA for the entire shift) (Employee #2 LPN from 4:30 to 7:30 on February 5th and 6th) On February 5th, and 6th, for the 2 p.m. to 10 p.m., there were two persons scheduled, Employee #1 CNA for the entire shift and Employee #2 LPN from 4:30 p.m. to 7:30 p.m., and there was no evidence that Employee #1 CNA nor Employee #2 LPN were first aid certified. There were no nursing staff certified in first aid on the 10 p.m. to						

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	<p>6 a.m. shift for February 3rd, 4th, 8th, 10th, and 12th (Employee #1 CNA). On February 3rd, 4th, 8th, 10th, and 12th, for the 10 p.m. to 6 a.m. shift, there was only one person scheduled for those shifts and there was no evidence that Employee #1 CNA was first aid certified.</p> <p>A review of the nursing schedule and employee records from February 13th through February 26th; there were no nursing staff who were certified in first aid for</p>						

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	<p>the 10 p.m. to 6 a.m. shift for the 13th, 17th, 18th 22nd, 24th and 26th. (Employee #1 CNA) On February 13th, 17th, 18th, 22nd, 24th, and 26th, there was only one person scheduled for that shift and there was no evidence that Employee #1 CNA was first aid certified.</p> <p>A review of the nursing schedule and employee records from May 8th through May 21st: there were no nursing staff who were certified in first aid on the 2 p.m. to</p>						

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	10 p.m. for May 8th, 14th, and 15th. (Employee #2 LPN who worked from 4:30 p.m. to 7:30 p.m. and Employee #3 CNA who worked the entire shift). On May 8th, 14th, and 15th, there was two persons scheduled, Employee #3 CNA for the entire shift and Employee #2 LPN from 4:30 p.m. to 7:30 p.m., and there was no evidence that Employee #3 CNA nor Employee #2 LPN were first aid certified. There were no nursing staff who were						



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	<p>certified in CPR on 10 p.m. to 6 a.m. for May 9th, 13th, 14th, and 15th (Employee #4 CNA). On May 9th, 13th, 14th, and 15th, there was only one person scheduled and there was no evidence that Employee #4 CNA was CPR certified.</p> <p>On 5/16/2011 and 5/17/2011, 15 employee files were reviewed for evidence of CPR and First Aid certifications. Of the 15 files reviewed, 11 were current employees and 4 files of</p>						

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	<p>past employees. There was no evidence of First Aid certification for the following employees: Employee #1 LPN, Employee #2 LPN, Employee #3 CNA, Employee #5 LPN, Employee #6 RN, and Employee #7 RN. There was no evidence of CPR certification for Employee #4 CNA, Employee #6 RN, and Employee #7 RN.</p> <p>During an interview with the Wellness Director RN on 5/17/2011 at 1:05 p.m., she indicated that</p>						

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	she had no other CPR and First Aid certificates of the nursing staff.						